

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1					51			
2	1					52			
3	2					53			
4	2					54			
5	2					55			
6	2					56			
7	2					57			
8	2					58			
9	2					59			
10	2					60			
11	2					61			
12	2					62			
13	2					63			
14	2					64			
15	2					65			
16	2					66			
17	2					67			
18	2					68			
19						69			
20						70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	19					TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS	20					TOTAL CLAIMS			